

NEWARK FRIENDS MEETING

Name: _____

Date: _____

1. What involvement, if any, do you want Newark Meeting to have at the time of your death? If we are to be involved, who among your neighbors (or doctor, employer, family) knows whom to contact in Newark Meeting? Does the contact telephone appear on any of your personal identification?
2. What friends and relatives are to be contacted? (Or where is the list to be found?)
3. Where is your will filed, and who is its executor? (Or whom have you designated to handle financial affairs and legal arrangements?)
4. If you have children, what guardianship plans are arranged?
5. Do you have special plans for organ donation? What arrangements have you made for disposal of your body? Where is this information?
6. Are there particular wishes we should know concerning a memorial service, including location?
7. Are there particular wishes we should know concerning memorial gifts?

If you wish to have this form on file with the Care Committee, answer any of the above questions you deem appropriate to your situation. You may also add comments on matters not covered by these questions, including information about your living will or other matters pertaining to incapacity due to illness or accident.